

# **EXHIBIT B**

**RNA  
AMEND**

Filing Fee \$50.00

**The Commonwealth of Massachusetts**

William Francis Galvin  
Secretary of the Commonwealth  
One Ashburton Place, Boston, Massachusetts 02108-1512

**1220787**

**FORM MUST BE TYPED      Registrant Name or Address Amendment      FORM MUST BE TYPED**  
**(General Laws Chapter 110H, Section 7)**

All information must be completed or this document will not be accepted for filing.

(1) Applicant's legal name and business address:

a) Individual: \_\_\_\_\_  
*Last First Middle*

Business address: \_\_\_\_\_  
*Number Street*  
\_\_\_\_\_  
*City State Zip*

or

b) Business Organization: International Typeface Corporation

Business address: 500 Unicorn Park Drive  
*Number Street*  
Woburn MA 01801  
*City State Zip*

(2) The mark is (complete one of the following):

a) **Words only** - If the mark is only words, the words in the mark are (include type style if it is claimed as part of the mark):

AVANT GARDE

b) **Design Only** - If the mark is a design only, describe the design (include colors if they are claimed as part of the mark):

c) **Words and Design** - State the words in the mark (include color and type style if they are claimed as part of the mark) and describe the design:

(3) For each class provide the number and class in which such goods or services fall (see attached classification schedule):

## Class 9

(4) Provide the Massachusetts registration date and number:

74469-Dated 11/7/2011

(5) Registrant's name has been changed to:

a) Individual: \_\_\_\_\_

**OF**


b) Business Organization: Monotype ITC Inc.

(6) Registrant's business address has been changed to:

500	Unicorn Park Drive		
<i>Number</i>		<i>Street</i>	
Woburn		MA	01801
<i>City</i>		<i>State</i>	<i>Zip</i>

I, Debra S. Serota, state that I  
am the registrant or a lawfully authorized representative of the registrant and declare under penalty of perjury that the foregoing  
application is true and correct.

Executed on: October 17 2013  
*Month Day Year*

Signature: 

COMMONWEALTH OF MASSACHUSETTS

William Francis Galvin  
Secretary of the Commonwealth  
One Ashburton Place, Boston, Massachusetts 02108-1512

**Registrant Name or Address Amendment**  
(General Laws Chapter 110H, Section 7)

Registered with

WILLIAM FRANCIS GALVIN  
*Secretary of the Commonwealth*

*William Francis Galvin*

*APRIL 23, 2014* on: \_\_\_\_\_, 20 \_\_\_\_\_

*CK # 564101*

Trademark Section  
One Ashburton Place, Rm. 1717  
Boston, MA 02108

**FEE PAID**  
**850.00**  
**APR 23 2014**

CASHIERS  
CONTACT INFORMATION  
SECRETARY'S OFFICE

Debra S. Serota, FISH & RICHARDSON P.C.

*Name*

P.O. Box 1022

*Mailing Address*

Minneapolis

MN

55440-1022

*City/town*

*State*

*ZIP*

617-542-5070

tmdoctc@fr.com

*Telephone*

*Email*

Filing Fee \$50.00

# RNA AMEND

The Commonwealth of Massachusetts

**William Francis Galvin**

Secretary of the Commonwealth

One Ashburton Place, Boston, Massachusetts 02108-1512

FORM MUST BE TYPED

## Registrant Name or Address Amendment (General Laws Chapter 110H, Section 7)

FORM MUST BE TYPED

All information must be completed or this document will not be accepted for filing.

(1) Applicant's legal name and business address:

a) Individual: \_\_\_\_\_  
*Last*
*First*
*Middle*

Business address: \_\_\_\_\_

*Number* *Street*

\_\_\_\_\_

*City* *State* *Zip*

**Or**

b) Business Organization: Linotype GmbH

Business address:	: Werner-Reimers-Strasse 2-4		
	Number	Street	
	Bad Homburg	Germany	61352
	City	State	Zip

(2) The mark is (complete one of the following):

a) **Words only** - If the mark is only words, the words in the mark are (include type style if it is claimed as part of the mark):

HELVETICA

b) **Design Only** - If the mark is a design only, describe the design (include colors if they are claimed as part of the mark):

c) **Words and Design** - State the words in the mark (include color and type style if they are claimed as part of the mark) and describe the design:

(3) For each class provide the number and class in which such goods or services fall (see attached classification schedule):

## Class 9

(4) Provide the Massachusetts registration date and number:

74458 - Dated 11/3/2011

(5) Registrant's name has been changed to:

a) Individual: \_\_\_\_\_  
Last First Middle

**or**

b) Business Organization: Monotype GmbH

(6) Registrant's business address has been changed to:

Werner-Reimers-Str. 2-4		
<i>Number</i>	<i>Street</i>	
Bad Homburg	Germany	61352
<i>City</i>	<i>State</i>	<i>Zip</i>

I, Debra S. Serota, state that I  
am the registrant or a lawfully authorized representative of the registrant and declare under penalty of perjury that the foregoing  
application is true and correct.

Executed on: October 17 2013  
*Month Day Year*

Signature: 



1208204

COMMONWEALTH OF MASSACHUSETTS

William Francis Galvin  
Secretary of the Commonwealth  
One Ashburton Place, Boston, Massachusetts 02108-1512

**Registrant Name or Address Amendment**  
(General Laws Chapter 110H, Section 7)

Registered with

WILLIAM FRANCIS GALVIN  
*Secretary of the Commonwealth*



on:  
**OCTOBER 17, 2013**

, 20

**CK # 564102**

Trademark Section  
One Ashburton Place, Rm. 1717  
Boston, MA 02108

**FEE PAID**

**\$ 50.00**

**OCT 17 2013**

Contact Information

**CASHIERS  
SECRETARY'S OFFICE**

Debra S. Serota, FISH & RICHARDSON P.C.

*Name*

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*City/town*

*State*

*ZIP*

617-542-5070

tmdoctc@fr.com

*Telephone*

*Email*

**RNA  
AMEND**

**The Commonwealth of Massachusetts**

William Francis Galvin  
Secretary of the Commonwealth  
One Ashburton Place, Boston, Massachusetts 02108-1512

Filing Fee \$50.00

**1208209**

FORM MUST BE TYPED

**Registrant Name or Address Amendment**  
(General Laws Chapter 110H, Section 7)

FORM MUST BE TYPED

All information must be completed or this document will not be accepted for filing.

(1) Applicant's legal name and business address:

a) Individual: \_\_\_\_\_  
*Last First Middle*

Business address: \_\_\_\_\_  
*Number Street*  
\_\_\_\_\_  
*City State Zip*

or

b) Business Organization: Linotype Corp.

Business address: 500 Unicorn Park Drive  
*Number Street*  
Woburn MA 01801  
*City State Zip*

(2) The mark is (complete one of the following):

a) **Words only** - If the mark is only words, the words in the mark are (include type style if it is claimed as part of the mark):

HELVETICA

b) **Design Only** - If the mark is a design only, describe the design (include colors if they are claimed as part of the mark):

c) **Words and Design** - State the words in the mark (include color and type style if they are claimed as part of the mark) and describe the design:

(3) For each class provide the number and class in which such goods or services fall (see attached classification schedule):

## Class 16

(4) Provide the Massachusetts registration date and number:

68900 - 7/30/2007

(5) Registrant's name has been changed to:

a) Individual: \_\_\_\_\_

**or**

b) Business Organization: Monotype Imaging Inc.

(6) Registrant's business address has been changed to:

500	Unicorn Park Drive		
<i>Number</i>		<i>Street</i>	
Woburn		MA	01801
<i>City</i>		<i>State</i>	<i>Zip</i>

I, Debra S. Serota, state that I  
am the registrant or a lawfully authorized representative of the registrant and declare under penalty of perjury that the foregoing  
application is true and correct.

Executed on: October 17 2013  
*Month Day Year*

Signature: 

COMMONWEALTH OF MASSACHUSETTS

William Francis Galvin  
Secretary of the Commonwealth  
One Ashburton Place, Boston, Massachusetts 02108-1512

**Registrant Name or Address Amendment**  
(General Laws Chapter 110H, Section 7)

Registered with

WILLIAM FRANCIS GALVIN  
*Secretary of the Commonwealth*



on:  
OCTOBER 17, 2013

, 20

CK # 564464

FEE PAID

\$50.00

OCT 17 2013

Trademark Section  
One Ashburton Place, Rm. 1717  
Boston, MA 02108

CASHIERS  
SECRETARY'S OFFICE

Contact Information

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P.O. Box 1022

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Minneapolis

MN

55440-1022

City/town

State

ZIP

617-542-5070

tmdoctc@fr.com; serota@fr.com

Telephone

Email

**RNA  
AMEND**

Filing Fee \$50.00

**The Commonwealth of Massachusetts**

William Francis Galvin  
Secretary of the Commonwealth  
One Ashburton Place, Boston, Massachusetts 02108-1512

FORM MUST BE TYPED

**Registrant Name or Address Amendment**  
(General Laws Chapter 110H, Section 7)

FORM MUST BE TYPED

All information must be completed or this document will not be accepted for filing.

(1) Applicant's legal name and business address:

a) Individual: \_\_\_\_\_  
*Last First Middle*

Business address: \_\_\_\_\_  
*Number Street*  
\_\_\_\_\_  
*City State Zip*

or

b) Business Organization: Linotype Corp.

Business address: 500 Unicorn Park Drive  
*Number Street*  
Woburn MA 01801  
*City State Zip*

(2) The mark is (complete one of the following):

a) **Words only** - If the mark is only words, the words in the mark are (include type style if it is claimed as part of the mark):  
**PALATINO**

b) **Design Only** - If the mark is a design only, describe the design (include colors if they are claimed as part of the mark):

c) **Words and Design** - State the words in the mark (include color and type style if they are claimed as part of the mark) and describe the design:

(3) For each class provide the number and class in which such goods or services fall (see attached classification schedule):

(4) Provide the Massachusetts registration date and number:

(5) Registrant's name has been changed to:

*Last*

**OF**

(6) Registrant's business address has been changed to:

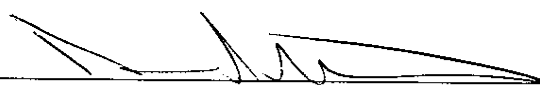
Number

Woburn

City

I, Debra S. Serota, state that I  
am the registrant or a lawfully authorized representative of the registrant and declare under penalty of perjury that the foregoing  
application is true and correct.

Executed on: October 17 2013  
*Month Day Year*

Signature: 



COMMONWEALTH OF MASSACHUSETTS

William Francis Galvin  
Secretary of the Commonwealth  
One Ashburton Place, Boston, Massachusetts 02108-1512

**Registrant Name or Address Amendment**  
(General Laws Chapter 110H, Section 7)

Registered with

WILLIAM FRANCIS GALVIN  
*Secretary of the Commonwealth*



on:

OCTOBER 17, 2013

, 20

CK # 564463

FEE PAID

\$ 50.00

Trademark Section  
One Ashburton Place, Rm. 1717  
Boston, MA 02108

OCT 17 2013

CASHIERS  
SECRETARY'S OFFICE

Contact Information

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Email

TM  
SM

**The Commonwealth of Massachusetts**

William Francis Galvin  
Secretary of the Commonwealth  
One Ashburton Place, Boston, Massachusetts 02108-1512

Filing Fee \$50.00 per class  
5 year registration period

FORM MUST BE TYPED

**Trademark / Service Mark Application**  
(General Laws Chapter 110H, Section 3)

FORM MUST BE TYPED

All information must be completed or this document will not be accepted for filing.

1221493

(1) Applicant's name and business address:

a) Individual: \_\_\_\_\_  
Last First Middle

Business address: \_\_\_\_\_  
Number Street  
City State Zip

or

b) Business Organization: Monotype Imaging Inc.

Business address: 500 Unicorn Park Drive  
Number Street  
Woburn MA 01801  
City State Zip

(2) If applicant is a business, identify type (check box), and if applicable, state and date of organization:

☒ corporation ☐ limited liability company ☐ limited partnership ☐ partnership ☐ sole proprietor

☐ other \_\_\_\_\_  
(indicate entity type)

a) State of incorporation or organization: Delaware b) Date of incorporation or organization: 09/24/1999

(3) If applicant is a partnership, state the names of the general partners:

(4) Applicant is seeking to register (check box):

☒ Trademark ☐ Service Mark

(5) The mark is (complete one of the following):

a) **Words only** - If the mark is only words, the words in the mark are (include type style if it is claimed as part of the mark):

FLORIDIAN

b) **Design Only** - If the mark is a design only, describe the design (include colors if they are claimed as part of the mark):

c) **Words and Design** - State the words in the mark (include color and type style if they are claimed as part of the mark) and describe the design:

(6) Describe briefly the goods or services used in connection with the mark:

Computer software for the generation of and the actual typeface designs and ornamental designs; typeface fonts, type fonts and type designs of alphanumerical characters and/or typographical symbols recorded on a machine readable media; Fonts of typographical characters; (continued).

(7) For each class provide the number and class in which such goods or services fall (see attached classification schedule):  
(An application may include multiple classes)

9, 16

(8) Describe briefly how the mark is used in connection with such goods or services:

a) The mark is used by displaying it (check box):

- ☐ on documents, wrappers, or articles delivered with the goods
- ☐ in advertisements of the services
- ☐ in connection with the services rendered
- ☒ other

b) If other, describe briefly how the mark is used:

On website (site of purchase) for downloading.

(6) Describe briefly the goods or services used in connection with the mark (Continued):

**printing fonts, namely typefaces, type fonts and type designs of alphanumeric characters and/or typographical symbols.**

(9) The trademark or service-mark has been used by the applicant, or the applicant's predecessor in business, since

at least 12/31/1999 and in the Commonwealth of Massachusetts since at least 12/31/1999  
 (month, day, year) (month, day, year)

(If first use of the mark anywhere was in Massachusetts, use the same date for both.)

(10) a) Has the applicant or predecessor in interest filed an application for the same mark or portions of the same mark with the U.S. Patent and Trademark Office? ☒ Yes ☐ No

b) If yes, for each application, provide (using additional pages if necessary):

Filing date 02/22/2007 and serial number 77/113,159  
 (month, day, year)

c) What is the status of the application (check box)?

☐ awaiting examination ☐ refusal (office action) issued  
☐ approved for publication ☒ registered  
☐ abandoned/withdrawn

d) If finally refused, or not resulted in a registration, give reason: \_\_\_\_\_

(11) Attach a sample showing the mark as actively used. The sample specimen may not be larger than 3" x 3".

**Floridian**

The applicant is the owner of the mark. The mark is in use, and, to the knowledge of the person verifying the application, no other person has registered, either federally or in this state, or has the right to use such mark either in the identical form thereof or in such near resemblance thereto as to be likely, when applied to the goods or services of such other person, to cause confusion, or to cause mistake, or to deceive.

I, Janel Dunlap, state that I am the applicant or a lawfully authorized  
 (Name of Applicant / Authorized Representative)

representative of the applicant and declare under penalty of perjury that the foregoing application is true and correct.

Executed on: May 1 2014  
 (Month, Day, Year)

Signature: Janel Dunlap

COMMONWEALTH OF MASSACHUSETTS

William Francis Galvin  
Secretary of the Commonwealth  
One Ashburton Place, Boston, Massachusetts 02108-1512

Trademark / Service Mark Application  
(General Laws Chapter 110H, Section 3)

Registered with

WILLIAM FRANCIS GALVIN  
Secretary of the Commonwealth

*William Francis Galvin*

*May 2, 2014* on: \_\_\_\_\_, 20\_\_\_\_

*CK # 573637*

Trademark Section  
One Ashburton Place, Rm. 1717  
Boston, MA 02108

Contact Information

Debra S. Serota, FISH & RICHARDSON P.C.

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FEE PAID  
\$100.00  
MAY 02 2014

CASHIERS  
SECRETARY'S OFFICE

TM  
SM

The Commonwealth of Massachusetts

William Francis Galvin  
Secretary of the Commonwealth  
One Ashburton Place, Boston, Massachusetts 02108-1512

Filing Fee \$50.00 per class  
5 year registration period

FORM MUST BE TYPED

Trademark / Service Mark Application  
(General Laws Chapter 110H, Section 3)

FORM MUST BE TYPED

1221496

All information must be completed or this document will not be accepted for filing.

(1) Applicant's name and business address:

a) Individual: \_\_\_\_\_  
Last First Middle

Business address: \_\_\_\_\_  
Number Street  
City State Zip

or

b) Business Organization: Monotype ITC Inc.

Business address: 500 Unicom Park Drive  
Number Street  
Woburn MA 01801  
City State Zip

(2) If applicant is a business, identify type (check box), and if applicable, state and date of organization:

☒ corporation ☐ limited liability company ☐ limited partnership ☐ partnership ☐ sole proprietor  
☐ other \_\_\_\_\_  
(indicate entity type)

a) State of incorporation or organization: New York b) Date of incorporation or organization: 05/20/1970

(3) If applicant is a partnership, state the names of the general partners:

(4) Applicant is seeking to register (check box):

☒ Trademark ☐ Service Mark

(5) The mark is (complete one of the following):

a) **Words only** - If the mark is only words, the words in the mark are (include type style if it is claimed as part of the mark):

BALMORAL

b) **Design Only** - If the mark is a design only, describe the design (include colors if they are claimed as part of the mark):

c) **Words and Design** - State the words in the mark (include color and type style if they are claimed as part of the mark) and describe the design:

(6) Describe briefly the goods or services used in connection with the mark:

Computer software for the generation of and the actual typeface designs and ornamental designs; typeface fonts, type fonts and type designs of alphanumerical characters and/or typographical symbols recorded on a machine readable media; Fonts of typographical characters; (continued)

(7) For each class provide the number and class in which such goods or services fall (see attached classification schedule):  
(An application may include multiple classes)

9, 16

(8) Describe briefly how the mark is used in connection with such goods or services:

a) The mark is used by displaying it (check box):

- ☐ on documents, wrappers, or articles delivered with the goods
- ☐ in advertisements of the services
- ☐ in connection with the services rendered
- ☒ other

b) If other, describe briefly how the mark is used:

On website (site of purchase) for downloading.



(6) Describe briefly the goods or services used in connection with the mark (Continued):

**printing fonts, namely typefaces, type fonts and type designs of alphanumeric characters and/or typographical symbols.**

(9) The trademark or service-mark has been used by the applicant, or the applicant's predecessor in business, since

at least 12/31/1990

and in the Commonwealth of Massachusetts since at least 12/31/1990

(month, day, year)

(month, day, year)

(If first use of the mark anywhere was in Massachusetts, use the same date for both.)

(10) a) Has the applicant or predecessor in interest filed an application for the same mark or portions of the same mark with the U.S. Patent and Trademark Office? ☒ Yes ☐ No

b) If yes, for each application, provide (using additional pages if necessary):

Filing date 08/18/2000 and serial number 76/280632  
(month, day, year)

c) What is the status of the application (check box)?

☐ awaiting examination

☐ refusal (office action) issued

☐ approved for publication

☒ registered

☐ abandoned/withdrawn

d) If finally refused, or not resulted in a registration, give reason: \_\_\_\_\_

(11) Attach a sample showing the mark as actively used. The sample specimen may not be larger than 3" x 3".

Balmoral

The applicant is the owner of the mark. The mark is in use, and, to the knowledge of the person verifying the application, no other person has registered, either federally or in this state, or has the right to use such mark either in the identical form thereof or in such near resemblance thereto as to be likely, when applied to the goods or services of such other person, to cause confusion, or to cause mistake, or to deceive.

I, Janet Dunlap, state that I am the applicant or a lawfully authorized  
(Name of Applicant / Authorized Representative)

representative of the applicant and declare under penalty of perjury that the foregoing application is true and correct.

Executed on: May 1 2014  
(Month, Day, Year)

Signature: Janet Dunlap

COMMONWEALTH OF MASSACHUSETTS

William Francis Galvin  
Secretary of the Commonwealth  
One Ashburton Place, Boston, Massachusetts 02108-1512

Trademark / Service Mark Application  
(General Laws Chapter 110H, Section 3)

Registered with

WILLIAM FRANCIS GALVIN  
Secretary of the Commonwealth

*William Francis Galvin*

*May 2, 2014* ON: \_\_\_\_\_, 20\_\_\_\_

*CK# 573629*

Trademark Section  
One Ashburton Place, Rm. 1717  
Boston, MA 02108

FEE PAID  
\$50.00  
MAY 02 2014

Contact Information

Debra S. Serota, FISH & RICHARDSON P.C.

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State

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617-642-5070

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Telephone

Email

CASWERS  
SECRETARY'S OFFICE

**TM**  
**SM**

**The Commonwealth of Massachusetts**

William Francis Galvin  
Secretary of the Commonwealth  
One Ashburton Place, Boston, Massachusetts 02108-1512

Filing Fee \$50.00 per class  
5 year registration period

FORM MUST BE TYPED

**Trademark / Service Mark Application**  
(General Laws Chapter 110H, Section 3)

FORM MUST BE TYPED

All information must be completed on this document will not be accepted for filing.

1221495

(1) Applicant's name and business address:

a) Individual: \_\_\_\_\_  
Last First Middle

Business address: \_\_\_\_\_  
Number Street  
City State Zip

or

b) Business Organization: Monotype ITC Inc.

Business address: 500 Unicorn Park Drive  
Number Street  
Woburn MA 01801  
City State Zip

(2) If applicant is a business, identify type (check box), and if applicable, state and date of organization:

☒ corporation ☐ limited liability company ☐ limited partnership ☐ partnership ☐ sole proprietor

☐ other \_\_\_\_\_  
(indicate entity type)

a) State of incorporation or organization: New York b) Date of incorporation or organization: 05/20/1970

(3) If applicant is a partnership, state the names of the general partners:

(4) Applicant is seeking to register (check box):

☒ Trademark ☐ Service Mark

(5) The mark is (complete one of the following):

a) Words only - If the mark is only words, the words in the mark are (include type style if it is claimed as part of the mark):

PAPYRUS

b) Design Only - If the mark is a design only, describe the design (include colors if they are claimed as part of the mark):

c) Words and Design - State the words in the mark (include color and type style if they are claimed as part of the mark) and describe the design:

(6) Describe briefly the goods or services used in connection with the mark:

Computer software for the generation of and the actual typeface designs and ornamental designs; typeface fonts, type fonts and type designs of alphanumerical characters and/or typographical symbols recorded on a machine readable media; Fonts of typographical characters; (continued).

(7) For each class provide the number and class in which such goods or services fall (see attached classification schedule):  
(An application may include multiple classes)

9, 16

(8) Describe briefly how the mark is used in connection with such goods or services:

a) The mark is used by displaying it (check box):

- ☐ on documents, wrappers, or articles delivered with the goods
- ☐ In advertisements of the services
- ☐ In connection with the services rendered
- ☒ other

b) If other, describe briefly how the mark is used:

On website (site of purchase) for downloading.

(6) Describe briefly the goods or services used in connection with the mark (Continued):

**printing fonts, namely typefaces, type fonts and type designs of alphanumeric characters and/or typographical symbols.**

(9) The trademark or service-mark has been used by the applicant, or the applicant's predecessor in business, since

at least 12/31/1990

and in the Commonwealth of Massachusetts since

at least 12/31/1990

(month, day, year)

(month, day, year)

(If first use of the mark anywhere was in Massachusetts, use the same date for both.).

(10) a) Has the applicant or predecessor in interest filed an application for the same mark or portions of the same mark with the U.S. Patent and Trademark Office? ☒ Yes ☐ No

b) If yes, for each application, provide (using additional pages if necessary):

Filing date 08/18/2000

(month, day, year)

and serial number

76/280,631

c) What is the status of the application (check box)?

☐ awaiting examination

☐ refusal (office action) issued

☐ approved for publication

☒ registered

☐ abandoned/withdrawn

d) If finally refused, or not resulted in a registration, give reason: \_\_\_\_\_

(11) Attach a sample showing the mark as actively used. The sample specimen may not be larger than 3" x 3".

**Papyrus**

The applicant is the owner of the mark. The mark is in use, and, to the knowledge of the person verifying the application, no other person has registered, either federally or in this state, or has the right to use such mark either in the identical form thereof or in such near resemblance thereto as to be likely, when applied to the goods or services of such other person, to cause confusion, or to cause mistake, or to deceive.

I, Janet Dunlap, state that I am the applicant or a lawfully authorized  
(Name of Applicant / Authorized Representative)

representative of the applicant and declare under penalty of perjury that the foregoing application is true and correct.

Executed on:

May 1

2014

(Month, Day, Year)

Signature:

Janet Dunlap

COMMONWEALTH OF MASSACHUSETTS

William Francis Galvin  
Secretary of the Commonwealth  
One Ashburton Place, Boston, Massachusetts 02108-1512

Trademark / Service Mark Application  
(General Laws Chapter 110H, Section 3)

Registered with

..... WILLIAM FRANCIS GALVIN .....  
Secretary of the Commonwealth

*William Francis Galvin*

*May 2, 2014* ON: \_\_\_\_\_, 20\_\_\_\_

*CK# 573630*

Trademark Section  
One Ashburton Place, Rm. 1717  
Boston, MA 02108

Contact Information

Debra S. Serota, FISH & RICHARDSON P.C.

Name

P.O. Box 1022

Mailing Address

Minneapolis

MN

City/town

State

ZIP

617-542-5070

tmducto@fr.com

Telephone

Email

FEE PAID

\$100.00

MAY 02 2014

CASHIERS  
SECRETARY'S OFFICE



TM  
SM

The Commonwealth of Massachusetts

William Francis Galvin  
Secretary of the Commonwealth  
One Ashburton Place, Boston, Massachusetts 02108-1512

Filing Fee \$50.00 per class  
5 year registration period

FORM MUST BE TYPED

Trademark / Service Mark Application  
(General Laws Chapter 110H, Section 3)

FORM MUST BE TYPED

All Information must be completed or this document will not be accepted for filing.

1221494

(1) Applicant's name and business address:

a) Individual: \_\_\_\_\_  
Last First Middle

Business address: \_\_\_\_\_  
Number Street  
City State Zip

or

b) Business Organization: Monotype ITC Inc.

Business address: 500 Unicorn Park Drive  
Number Street  
Woburn MA 01801  
City State Zip

(2) If applicant is a business, identify type (check box), and if applicable, state and date of organization:

☒ corporation ☐ limited liability company ☐ limited partnership ☐ partnership ☐ sole proprietor

☐ other \_\_\_\_\_  
(indicate entity type)

a) State of incorporation or organization: New York b) Date of incorporation or organization: 05/20/1970

(3) If applicant is a partnership, state the names of the general partners:

(4) Applicant is seeking to register (check box):

☒ Trademark      ☐ Service Mark

(5) The mark is (complete one of the following):

a) **Words only** - If the mark is only words, the words in the mark are (include type style if it is claimed as part of the mark):

ZAPF

b) **Design Only** - If the mark is a design only, describe the design (include colors if they are claimed as part of the mark):

c) **Words and Design** - State the words in the mark (include color and type style if they are claimed as part of the mark) and describe the design:

(6) Describe briefly the goods or services used in connection with the mark:

Computer software for the generation of and the actual typeface designs and ornamental designs; typeface fonts, type fonts and type designs of alphanumerical characters and/or typographical symbols recorded on a machine readable media; Fonts of typographical characters; (continued).

(7) For each class provide the number and class in which such goods or services fall (see attached classification schedule):  
(An application may include multiple classes)

9, 16

(8) Describe briefly how the mark is used in connection with such goods or services:

a) The mark is used by displaying it (check box):

- ☐ on documents, wrappers, or articles delivered with the goods
- ☐ in advertisements of the services
- ☐ in connection with the services rendered
- ☒ other

b) If other, describe briefly how the mark is used:

On website (site of purchase) for downloading.

(6) Describe briefly the goods or services used in connection with the mark (Continued):

**printing fonts, namely typefaces, type fonts and type designs of alphanumeric characters and/or typographical symbols.**

(9) The trademark or service-mark has been used by the applicant, or the applicant's predecessor in business, since

at least 12/31/2011 and in the Commonwealth of Massachusetts since at least 12/31/2011  
 (month, day, year) (month, day, year)  
 (If first use of the mark anywhere was in Massachusetts, use the same date for both.).

(10) a) Has the applicant or predecessor in interest filed an application for the same mark or portions of the same mark with the U.S. Patent and Trademark Office? ☒ Yes ☐ No

b) If yes, for each application, provide (using additional pages if necessary):

Filing date 01/31/2012 and serial number 85/529,878  
 (month, day, year)

c) What is the status of the application (check box)?

☐ awaiting examination ☐ refusal (office action) issued  
☐ approved for publication ☒ registered  
☐ abandoned/withdrawn

d) If finally refused, or not resulted in a registration, give reason: \_\_\_\_\_

(11) Attach a sample showing the mark as actively used. The sample specimen may not be larger than 3" x 3".

**Zapf**

The applicant is the owner of the mark. The mark is in use, and, to the knowledge of the person verifying the application, no other person has registered, either federally or in this state, or has the right to use such mark either in the identical form thereof or in such near resemblance thereto as to be likely, when applied to the goods or services of such other person, to cause confusion, or to cause mistake, or to deceive.

I, Janet Dunlap, state that I am the applicant or a lawfully authorized  
 (Name of Applicant / Authorized Representative)

representative of the applicant and declare under penalty of perjury that the foregoing application is true and correct.

Executed on: May 1 2014  
 (Month, Day, Year)

Signature: Janet Dunlap

COMMONWEALTH OF MASSACHUSETTS

William Francis Galvin  
Secretary of the Commonwealth  
One Ashburton Place, Boston, Massachusetts 02108-1512

Trademark / Service Mark Application  
(General Laws Chapter 110H, Section 3)

Registered with

WILLIAM FRANCIS GALVIN  
Secretary of the Commonwealth

*William Francis Galvin*

*May 2, 2014* on: \_\_\_\_\_, 20 \_\_\_\_\_

*CK # 573640*

Trademark Section  
One Ashburton Place, Rm. 1717  
Boston, MA 02108

Contract Information

Debra S. Serota, FISH & RICHARDSON P.C.

Name

P.O. Box 1022

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State

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